

# **THE OFFICIAL GAZETTE 23<sup>RD</sup> JANUARY, 2021**

## **LEGAL SUPPLEMENT — B**

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**GUYANA**

**No. 1 of 2021**

### **REGULATIONS**

**Made Under**

### **DEALERS IN FOREIGN CURRENCY (LICENSING) ACT**

**(Cap. 87:01)**

**IN THE EXERCISE OF THE POWERS CONFERRED UPON THE BANK OF GUYANA  
BY SECTION 18 OF THE DEALERS IN FOREIGN CURRENCY (LICENSING)  
ACT, THE BANK MAKES THE FOLLOWING REGULATIONS:-**

Citation.	These Regulations, which amend the Dealers in Foreign Currency (Licensing) Regulations 2000*, may be cited as the Dealers in Foreign Currency (Licensing) (Amendment) Regulations 2021.
Amendment of Schedule to the Principal Regulations	The Schedule to the Principal Regulations is amended by the substitution for Form 1 of the following Form-

\*Regulations No.1 of 2000

**Form 1****APPLICATION FOR LICENCE TO CONDUCT THE BUSINESS  
OF BUYING AND SELLING FOREIGN CURRENCY****DEALERS IN FOREIGN CURRENCY  
(LICENSING) ACT  
(Cap. 87:01)**

**The Governor  
Bank of Guyana  
Georgetown**

1. I, the undersigned, acting as principal or duly authorised agent on behalf of or chief executive officer of

.....  
being duly empowered, hereby apply for a licence to conduct the business of buying and selling foreign currency.

2. (i) **If applicant is an individual:**

- (a) Name and Address of applicant

**Name**

**Address**

.....

.....

.....

- (b) Nationality, Occupation and National Identity Card Number of the applicant.

**Nationality**

**Occupation**

**I.D. No.**

.....

.....

.....

(ii) **If application is by a partnership firm:**

## (a) Names and Addresses of partners

<b>Names</b>	<b>Addresses</b>
.....	.....
.....	.....
.....	.....

## (b) Nationality, Occupation and Identity Card Numbers.

<b>Nationality</b>	<b>Occupation</b>	<b>I.D. No.</b>
.....	.....	.....
.....	.....	.....
.....	.....	.....

(iii) **If application is by a company or other body corporate:**

## (a) Name and Address of its registered or principal office and Place and Date of Incorporation

<b>Name</b>	<b>Address</b>	<b>Place and Date of Incorporation</b>
.....	.....	.....
.....	.....	.....

## (b) If incorporated outside of Guyana, Name, Nationality and Address of duly authorised agent in Guyana.

<b>Names</b>	<b>Nationality</b>	<b>Address</b>
.....	.....	.....
.....	.....	.....

## (c) Nature of the business

.....

## (d) Names and Addresses of the Directors or Principal Officers

Names	Addresses
.....	.....
.....	.....
.....	.....
.....	.....

## 3. Address of the premises where the applicant intends to carry on the business of buying and selling foreign currency

.....

.....

## 4. Documentary Requirements-

- (a) Valid Certificate of Business Registration/Certificate of Incorporation:
- (b) A certified copy of a partnership agreement in the instance of a partnership arrangement:
- (c) Most recent audited financial statements:
- (d) A business plan detailing the proposed activity including-
  - Reason(s) why applicant wishes to establish the business:
  - Proposed source(s) of funds:
  - Management structure:
  - Internal controls.

## 5. Any query, clarification or additional requirement regarding this application may be directed to the following individuals authorised to liaise with the Bank.

Name: ..... Telephone No.: .....

Name: ..... Telephone No.: .....

#### 6. Certification and Undertaking

I the undersigned, ..... hereby certify that all information contained in and accompanying this application is complete and accurate to the best of my knowledge and belief.

I also undertake to forthwith notify the Bank of Guyana, of any material change in the particulars of this application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Date)

Sworn to at Georgetown, Demerara.

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Before Me.

#### A COMMISSIONER OF OATHS TO AFFIDAVITS

**Note:**

1. IF THE SPACE PROVIDED IS NOT ADEQUATE, THE REQUIRED INFORMATION OR DATA NEEDED MAY BE ANNEXED. REFERENCE SHALL BE MADE IN THE PERTINENT SECTION OF THE FORM BY PLACING THE WORDS "REFER TO ANNEX."
2. NO SECTION IN THE FORM SHALL BE LEFT BLANK. PLACE "NOT APPLICABLE" OR "NONE" AS THE CASE MAY BE.
3. PLEASE COMPLETE INFORMATION SHEET IF APPLICANT IS A COMPANY OR BODY CORPORATE.

### PERSONAL INFORMATION SHEET

To be completed by each Applicant/Partner/ Director.

**1. Name and Capacity of person filling form**

(a) Name: \_\_\_\_\_

(b) Position or Capacity: \_\_\_\_\_

Previous name (s) by which you may have been known:

\_\_\_\_\_

Reason (s) for name change (s): Marriage ☐ Other ☐ Please specify

\_\_\_\_\_

**2. Date and place of birth:**

\_\_\_\_\_

\_\_\_\_\_

**3. Identification:**

Passport National ID Card

Date of Issue

Place of Issue

4. (a) Citizen of: \_\_\_\_\_  
(Country)

(b) Resident of: \_\_\_\_\_  
(Country)

Since \_\_\_\_\_  
(Year)

Since \_\_\_\_\_  
(Year)

**5. Address:**

(a) Present Business Address  
(since \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Present Residential Address  
(since \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last two addresses in Guyana, if any, during the past 10 years:

(Since \_\_\_\_\_)

(Since \_\_\_\_\_)

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**6. Contact Information**

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Cell No.

\_\_\_\_\_  
Email Address

**7. Professional Qualifications:**

Particulars

Year Obtained

**(a) Highest Academic Degree**

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**(b) Diplomas(s)/Certificate(s)**

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**(c) Training Courses/ Seminars**

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## (d) Membership in Professional Organizations

Year Obtained


## 8. Occupation or Employment (Present or most recent for the last 10 years):

Name & Business Employer	Positions Held	Inclusive Date (Mth & Yr)	
		From	To

## 9. Family Group

Business Affiliations  
(State Name of Business and Nature, if any, including ownership of Cambios or Money Transfer Business)

Name

## (a) Spouse or Reputed Spouse

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## (b) Children:


## (c) Parents:


## (d) Brothers or Sisters




**10. Record of court cases or any investigation by governmental, professional or any regulatory body (including pending cases or on-going investigations):**

Name of Court or Investigative body	Full Particulars	Status

**11. Have you ever been involved with an application for regulatory approval in any jurisdiction where that application has been withdrawn or refused?**YES ☐ NO ☐

If yes, give details:

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**12. Documentary Requirements-**

- (a) Police Clearance;
- (b) Latest Tax Compliance certificate from Guyana Revenue Authority issued for the purpose of Cambio's business;
- (c) Latest National Insurance Scheme certificate of compliance;
- (d) Certified Statement of assets and liabilities;
- (e) Two letters of character reference, duly notarised, from individuals other than relatives who have personally known the undersigned for the last three years;
- (f) A statement, duly notarized, from the applicant's banker, setting out the performance of past and present accounts for the past three years.

**13. Certification and Undertaking**

I, \_\_\_\_\_ certify that all information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief. I also undertake to notify the Bank of Guyana forthwith of any material change in these particulars.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Date)

Sworn to at Georgetown, Demerara.

this \_\_\_\_\_ day of \_\_\_\_\_.

Before Me.

**A COMMISSIONER OF OATHS TO AFFIDAVITS****NOTE:**

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## Information Sheet

**To be completed only if applicant is a company/body corporate**

### 1. Subsidiaries & Affiliates (Direct and Indirect):

<u>Name &amp; Type of Business Held</u>	<u>\$ Amount of Shares Held</u>	<u>% of Shares to Total</u>

## 2. Management:

(a) Board of Directors:

[illegible]

(b) Board Committee (s):

[illegible]

**(c) Officers and Officials:**

<u>Name</u>	<u>Position</u>	<u>No. of years as Officer or</u>
<u>Official</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Ownership Profile:**

<u>Name</u>	<u>Country of</u>		<u>Shares</u>
	<u>Citizenship</u>	<u>Residence</u>	<u>\$</u> <u>%</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other shareholders owning less than 5 %**

(-----)

Number	<u>\$</u>	<u>100%</u>
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**4. Certification and Undertaking**

I, \_\_\_\_\_ certify that all information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief. I also undertake to notify the Bank of Guyana forthwith of any material change in these particulars.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Date)

Sworn to at Georgetown, Demerara,

this \_\_\_\_\_ day of \_\_\_\_\_.

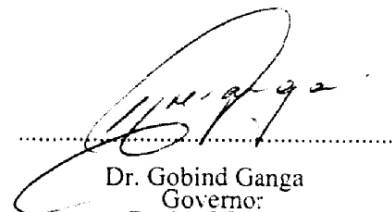
Before Me,

A COMMISSIONER OF OATHS TO AFFIDAVITS

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Made this 13 day of January, 2021

  
Dr. Gobind Ganga  
Governor  
Bank of Guyana